Date:	5/9/2023
Your Name:	Catharine Bradley
Manuscript Title:	A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study
Manuscript Number (if known):	BJJ-2023-0149.R1

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3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
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\boxtimes	L certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Date:	3/2023	
Your Name:	Martin Francis Gargan	
Manuscript Title:	A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study	
Manuscript Number (if known):	BJJ-2023-0149.R1	

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8	Patents planned, issued or pending	None None	
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	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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\square	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	5/3/2023	
Your Name:	Simon Kelley	
Manuscript Title:	A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study	
Manuscript Number (if known):	BJJ-2023-0149.R1	

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6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None International Hip Dysplasia Institute	
10	Leadership or fiduciary role in other board,	☐ None Journal Pediatric Orthopaedic Editorial Board	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			

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Date:	5/2/2023	
Your Name:	Connor Maddock	
Manuscript Title:	A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study	
Manuscript Number (if known):	BJJ-2023-0149.R1	

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None None	
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13	Other financial or non-financial interests	None ■	
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3 8/26/2021 ICMJE Disclosure Form

Date:	5/3/2023
Your Name:	Yashvi Verma
Manuscript Title:	A Comprehensive Non-operative Treatment Protocol for Developmental Dysplasia of the Hip in Infants: A Prospective Longitudinal Cohort Study
Manuscript Number (if known):	BJJ-2023-0149.R1

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6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		None	
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
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pertains to the epide antihypertensive me	nships/activities/interests should be defined broadly. For example, if your manuscript emiology of hypertension, you should declare all relationships with manufacturers of edication, even if that medication is not mentioned in the manuscript.	
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for this item.	Time frame: past 36 months	
2 Grants or contracts from any entity (if not indicated in item		
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3 Royalties or licenses	None	
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4 Consulting fees	N None	

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5 Payment or honoraria for	None		
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6 Payment for expert testimony	rily indicate a bias. If you are in doubt about whether as list a commitment craftle that you do so.		
7 Support for attending meetings and/or	None None actions of the manuscript. Discharge represents to taxings sell of the None action of the Company of		
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8 Patents planned issued or pending	None		
 Participation on 	None	Name all entities relations are not to see the seeded)	
a Data Safety Monitoring Board or Advisory Board		asak	
10 Leadership or fiduciary role in other board, society, committee or advocacy group paid or unpaid			
11 Stock or stock options	None		
12 Receipt of equipment,	None		
materials, drugs medical writing gifts or other services			
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